

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010142

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 3010Registrar's No. 146

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in lb

40 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE
Missouri

b. COUNTY

Cape Girardeau

c. CITY
OR
TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

904 Giboney

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Anna

Middle

Jane

Last

Palmer

4. DATE
OF
DEATH

Month

March

Day

27, 1962

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9/22/01/

9. AGE (last birthday)

60

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Near Advance, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Lincoln

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Myrtle Hoover, Cape Girardeau, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adeno Carcinoma of Pancreas

INTERVAL BETWEEN
ONSET AND DEATH

1 yr +

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

Metastatic Carcinoma of Liver

1 yr +

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Cholecystitis & Cholelithiasis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 7-62 to March 27-62 and last saw her alive on 3-26-62Death occurred at 12:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

William J. Ochler M.D.

22b. ADDRESS

Cape Girardeau Mo.

22c. DATE SIGNED

3/27/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3/29/62/

23c. NAME OF CEMETERY OR CREMATORY

Lorimier Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

24. FUNERAL DIRECTOR

ADDRESS

C. J. Lohrey Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

March 28, 1962

26. REGISTRAR'S SIGNATURE

Dennis Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0168

28168

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APR 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Date certificate was taken to the Doctor: 3/27/62

Date certificate received back from the Doctor 3/27/62